

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2011	
NAME OF PROVIDER OR SUPPLIER WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification and State Licensure Survey as well as a LSC Certification and Environmental Preoccupancy for the new Therapy room on the south Residential Hall was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/25/11</p> <p>Facility Number: 000423 Provider Number: 155704 AIM Number: 100290450</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Waldron Health and Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies for the original building, Chapter 18, New Health Care Occupancies for the New Therapy room, and 410 IAC 16.2 for both parts of the building.</p>		K0000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 79 and had a census of 68 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/29/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0029 SS=E	<p>Based on observation and interview, the facility failed to ensure 1 of 5 doors leading to hazardous areas containing cardboard boxes was provided with a self closing device which would cause the door to automatically close and latch into the door frame. This deficient practice affects 22 residents on south hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 03/25/11 at 1:31 p.m. with the Maintenance Supervisor, the door to the south hall storage room containing one hundred and four cardboard boxes was not provided with a self closing device. Based on interview on 03/25/11 at 1:33 p.m. with the Maintenance Supervisor, it was confirmed the door leading into a hazardous area room on south hall which was filled with cardboard boxes was not equipped with a self closing device.</p> <p>3.1-19(b)</p>			K0029	<p>I. How corrective action will be accomplished for those affected. An automatic closer was placed on the door on 4/5/2011. II. How corrective action will be accomplished for those residents having potential to be affected. An automatic closer was placed on the door on 4/5/2011. III. What measures will be put in place/systemic changes made to ensure correction. All storage room doors were inspected on 4/5/2011 to assure compliance. IV. How the facility plans to monitor its performance to make sure that solutions are ensured. All storage room's will be monitored monthly for proper door closers and closing by the Director of Maintenance beginning 4/24/2011.</p>		04/24/2011

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K0056 SS=E	<p>Based on observation and interview, the facility failed to install only one type of sprinkler head, i.e., quick response sprinklers or standard sprinklers in 1 of 6 offices on south hall. NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could affect 22 residents on south hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 03/25/11 at 1:25 p.m. with the Maintenance Supervisor, the social services office had one quick response sprinkler head and one standard response sprinkler head. Based on interview on 03/25/11 at 1:27 p.m. with the Maintenance Supervisor, it was acknowledged the two sprinkler heads in the social services office on south hall consisted of one quick response and one standard response sprinkler head.</p> <p>3.1-19(b)</p>		K0056	<p>After further investigation, it was determined that both sprinklers in the social service office were standard response sprinkler heads. Please see attached documentation verifying the response category of each sprinkler head in the social service offices.</p>		03/25/2011	

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